



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

11/20/87

PRODUCER

FRED. S. JAMES & COMPANY OF CA
3435 WILSHIRE BOULEVARD
LOS ANGELES, CA 90010

(213) 385-0545

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS
NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND,
EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
LETTER **A**

AMERICAN INSURANCE CO

COMPANY
LETTER **B**COMPANY
LETTER **C**COMPANY
LETTER **D**COMPANY
LETTER **E**

INSURED

AVERY INTERNATIONAL AND ITS
DIVISIONS & SUBSIDIARIES,
CORP. HEADQUARTERS
150 N. ORANGE GROVE BLVD.
PASADENA, CA 91103
ATTN: LAURA L. HINCKLEY

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.
NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY
BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDI-
TIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS	
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	KXC6146438				
<input checked="" type="checkbox"/>	COMPREHENSIVE FORM					
<input checked="" type="checkbox"/>	PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD					
<input checked="" type="checkbox"/>	PRODUCTS/COMPLETED OPERATIONS					
<input checked="" type="checkbox"/>	CONTRACTUAL					
<input checked="" type="checkbox"/>	INDEPENDENT CONTRACTORS					
<input checked="" type="checkbox"/>	BROAD FORM PROPERTY DAMAGE					
<input checked="" type="checkbox"/>	PERSONAL INJURY					
	AUTOMOBILE LIABILITY					
<input type="checkbox"/>	ANY AUTO					
<input type="checkbox"/>	ALL OWNED AUTOS (PRIV. PASS.)					
<input type="checkbox"/>	ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)					
<input type="checkbox"/>	HIRED AUTOS					
<input type="checkbox"/>	NON-OWNED AUTOS					
<input type="checkbox"/>	GARAGE LIABILITY					
	EXCESS LIABILITY					
<input type="checkbox"/>	UMBRELLA FORM					
<input type="checkbox"/>	OTHER THAN UMBRELLA FORM					
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY					
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

"POLLUTION EXCLUSION, FORM GL ~~PABP~~ IS IL (

CERTIFICATE HOLDER

ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS MATERIALS BRANCH
6TH & WALNUT STREET
PHILADELPHIA, PA 19106

CAN

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PI
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AUTHORIZED REPRESENTATIVE

BY

/20 Jacobson

COMMERCIAL COVERAGE

GENERAL LIABILITY

POLICY AMENDMENT

Pollution Exclusion

IL 09 28 05 86

This insurance modifies such insurance as is afforded by the provisions of the policy relating to the following:

**BUSINESSOWNERS POLICY
COMPREHENSIVE GENERAL LIABILITY INSURANCE
CONTRACTUAL LIABILITY INSURANCE
MANUFACTURERS AND CONTRACTORS LIABILITY INSURANCE
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY INSURANCE
OWNERS, LANDLORDS AND TENANTS LIABILITY INSURANCE
SMP LIABILITY INSURANCE
STOREKEEPERS INSURANCE**

It is agreed that the exclusion relating to the discharge, dispersal, release or escape of smoke, vapors, soot, fumes, acids, alkalis, toxic chemicals, liquids or gases, waste materials or other irritants, contaminants or pollutants is replaced by the following:

(1) to bodily injury or property damage arising out of the actual, alleged or threatened discharge, dispersal, release or escape of pollutants:

(a) at or from premises owned, rented or occupied by the **named insured**;

(b) at or from any site or location used by or for the **named insured** or others for the handling, storage, disposal, processing or treatment of waste;

(c) which are at any time transported, handled, stored, treated, disposed of, or processed as waste by or for the **named insured** or any person or organization for whom the **named insured** may be legally responsible; or

(d) at or from any site or location on which the **named insured** or any contractors or subcontractors working directly

or indirectly on behalf of the **named insured** are performing operations:

(i) if the pollutants are brought on or to the site or location in connection with such operations; or

(ii) if the operations are to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize the pollutants.

(2) to any loss, cost or expense arising out of any governmental direction or request that the **named insured** test for, monitor, clean up, remove, contain, treat, detoxify or neutralize pollutants.

Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

Subparagraphs (a) and (d)(i) of paragraph (1) of this exclusion do not apply to **bodily injury or property damage** caused by heat, smoke or fumes from a hostile fire. As used in this exclusion, a hostile fire means one which becomes uncontrollable or breaks out from where it was intended to be.

Copyright, Fireman's Fund Insurance Services Office, Inc., 1986

This Form must be attached to Change Endorsement when issued after the Policy is written.

ONE OF THE FIREMAN'S FUND INSURANCE COMPANIES AS NAMED IN THE POLICY

William H. Delaney

11 XCL

PRESIDENT

SCHEDULE

<u>NAME OF FACILITY</u>	<u>ADDRESS OR LOCATION</u>	<u>EPA ID NUMBER</u>
1) MATERIALS GROUP, A WHOLLY OWNED SUBSIDIARY OF AVERY INTERNATIONAL CORPORATION	205,211,215,250 CHESTER ST. PAINSEVILLE, OHIO 44077	OHD091619643
2) MATERIALS GROUP, A WHOLLY OWNED SUBSIDIARY OF AVERY INTERNATIONAL CORPORATION	670 HARDY ROAD PAINSEVILLE, OHIO 44077	OHD000804633
3) FASSON ROLL MATERIALS DIVISION SOUTHEASTERN REGION PLANT A WHOLLY OWNED SUBSIDIARY OF AVERY INTERNATIONAL CORPORATION	316 HIGHWAY 74 SOUTH PEACHTREE, GEORGIA 30269	GAD075884957
4) SPECIALTY MATERIALS DIVISION WESTERN REGION PLANT A WHOLLY OWNED SUBSIDIARY OF AVERY INTERNATIONAL CORPORATION	9292 NINTH STREET RANCHO CUCAMONGA, CALIFORNIA 91730	CAD050745363
5) FASSON ROLL MATERIALS DIVISION A WHOLLY OWNED SUBSIDIARY OF AVERY INTERNATIONAL CORPORATION	CALIFORNIA ROAD 35 PENN-AM DRIVE QUAKERTOWN, PENNSYLVANIA 18951	PAD05327752
6) AVERY LABEL, A WHOLLY OWNED SUBSIDIARY OF AVERY INTERNATIONAL CORPORATION	1616 SOUTH CALIFORNIA AVE MONROVIA, CALIFORNIA 91016	CAD057339640
7) AVERY LABEL, A WHOLLY OWNED SUBSIDIARY OF AVERY INTERNATIONAL CORPORATION	15939 INDUSTRIAL PARKWAY CLEVELAND, OHIO, 44135	OHD010836716
8) TECHNOLOGY AND VENTURES GROUP THERMARK A WHOLLY OWNED SUBSIDIARY OF AVERY INTERNATIONAL CORPORATION	650 WEST 67TH PLACE SCHERERVILLE, INDIANA 46375	IND0644000541
9) SOABAR, A WHOLLY OWNED SUBSIDIARY OF AVERY INTERNATIONAL CORPORATION	7722 DUNGAN ROAD PHILADELPHIA, PENNSYLVANIA 19111	PAD002277150
10) VENTURE DEVELOPMENT CENTER, A WHOLLY OWNED SUBSIDIARY OF AVERY INTERNATIONAL CORPORATION	8989 NINTH STREET RANCHO CUCAMONGA, CALIFORNIA 91730	CAT080014004
11) AVERY CHEMICAL A WHOLLY OWNED SUBSIDIARY OF AVERY INTERNATIONAL CORPORATION	R.D.2 P.O. BOX 70 MILL HALL, PENNSYLVANIA 17751	PAD065649527
12) PERMACEL, A WHOLLY OWNED SUBSIDIARY OF AVERY SUB. INC. A WHOLLY OWNED SUBSIDIARY OF AVERY INTERNATIONAL CORPORATION	FORD AVENUE MILLTOWN, NEW JERSEY 08902	NJT000818765

SCHEDULE

<u>NAME OF FACILITY</u>	<u>ADDRESS OR LOCATION</u>	<u>EPA ID NUMBER</u>
13) PERMACEL, A WHOLLY OWNED SUBSIDIARY OF AVERY SUB. INC. A WHOLLY OWNED SUBSIDIARY OF AVERY INTERNATIONAL CORPORATION	U.S. ROUTE 1 NORTH BRUNSWICK, NEW JERSEY 08902	NJT 350010112
14) AVERY LABEL, A WHOLLY OWNED SUBSIDIARY OF AVERY INTERNATIONAL CORPORATION	1385 LIVINGSTON AVENUE P.O. BOX CN NORTH BRUNSWICK, N.J. 08902	NJD002452167

Certificate of Insurance



THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.
THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

NAME AND ADDRESS OF AGENCY GERALD J. SULLIVAN & ASSOCIATES INC. P.O. BOX 55012 LOS ANGELES, CA 90055		COMPANIES AFFORDING COVERAGES	
NAME AND ADDRESS OF INSURED AVERY INTERNATIONAL CORPORATION, ETAL 150 N. ORANGE GROVE BLVD PASADENA, CA 91103		COMPANY LETTER A	THE AMERICAN INSURANCE COMPANY
		COMPANY LETTER B	
		COMPANY LETTER C	
		COMPANY LETTER D	
		COMPANY LETTER E	

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	4-75 LA 280 33 31	12-1-84	BODILY INJURY	\$	\$
	PROPERTY DAMAGE			\$	\$	
	BODILY INJURY AND PROPERTY DAMAGE COMBINED			\$	SEE ENDORSEMENT ATTACHED	
	PERSONAL INJURY				\$	
	AUTOMOBILE LIABILITY					
	COMPREHENSIVE FORM					
	OWNED					
	HIRED					
NON-OWNED						
EXCESS LIABILITY						
UMBRELLA FORM						
OTHER THAN UMBRELLA FORM						
WORKERS' COMPENSATION and EMPLOYERS' LIABILITY						
STATUTORY						
OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 60 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:
ENVIRONMENTAL PROTECTION AGENCY
ANTHONY DONATONI
HAZARDOUS MATERIALS BRANCH
6TH & WALNUT STREETS
PHILADELPHIA, PA 19106
ATTN: RCRA FINANCIAL REQUIREMENTS

DATE ISSUED: **JANUARY 11, 1983**

AUTHORIZED REPRESENTATIVE

HAZARDOUS WASTE FACILITY LIABILITY ENDORSEMENT

INSURED AVERY INTERNATIONAL CORPORATION, ETAL	POLICY NUMBER 4-75 LA 280 33 31
PRODUCER GERALD J. SULLIVAN & ASSOCIATES INC	EFFECTIVE DATE 7-15-82

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264 147 or 265.147. The coverage applies at:

- 1) OHD091619643
Materials Group, A Wholly Owned Subsidiary of
Avery International Corporation
205,211,215,250 Chester Street
Painesville, Ohio 44077
- 2) OHD000804633
Materials Group, A Wholly Owned Subsidiary of
Avery International Corporation
670 Hardy Road
Painesville, Ohio 44077
- 3) GAD075884957
Fasson Roll Materials Division, Southeastern Region Plant,
A Wholly Owned Subsidiary of Avery International Corporation
316 Highway 74 South
Peachtree, Georgia 30269
- 4) CAD050745363
Specialty Materials Division, Western Region Plant,
A Wholly Owned Subsidiary of Avery International Corporation
9292 Ninth Street
Rancho Cucamonga, California 91730
- 5) PAD05327752
Fasson Roll Materials Division, A Wholly Owned Subsidiary
of Avery International Corporation
California Raod
35 Penn-Am Drive
Quakertown, Pennsylvania 18951
- 6) CAD057339640
Avery Label, A Wholly Owned Subsidiary of Avery International
Corporation
1616 South California Avenue
Monrovia, California 91016
- 7) OHD010836716
Avery Label, A Wholly Owned Subsidiary of Avery
International Corporation
15939 Industrial Parkway
Cleveland, Ohio 44135

ONE OF THE
FIREMAN'S FUND INSURANCE COMPANIES
AS NAMED IN THE POLICY

PRESIDENT

10-X

COUNTERSIGNATURE OF AUTHORIZED AGENT

Page 1 of 3

HAZARDOUS WASTE FACILITY LIABILITY ENDORSEMENT - continued

INSURED	POLICY NUMBER
PRODUCER	EFFECTIVE DATE

- 8) IND0644000541
Technology and Ventures Group, Thermark, A Wholly Owned
Subsidiary of Avery International Corporation
650 West 67th Place
Schererville, Indiana 46375
- 9) PAD002277150
Soabar, A Wholly Owned Subsidiary of Avery International
Corporation
7722 Dungan Road
Philadelphia, Pennsylvania 19111
- 10) CAT080014004
Venture Development Center, A Wholly Owned Subsidiary of
Avery International Corporation
8989 Ninth Street
Rancho Cucamonga, California 91730
- 11) PAD065649527
Avery Chemical, A Wholly Owned Subsidiary of Avery
International Corporation
R.D. 2
P.O. Box 70
Mill Hall, Pennsylvania 17751
- 12) NJT000818765
Permacel, A Wholly Owned Subsidiary of Avery Sub.Inc.,
A Wholly Owned Subsidiary of Avery International Corporation
Ford Avenue
Milltown, New Jersey 08902
- 13) NJT350010112
Permacel, A Wholly Owned Subsidiary of Avery Sub., Inc.
A Wholly Owned Subsidiary of Avery International Corporation
U.S. Route 1
North Brunswick, New Jersey 08902
- 14) NJD002452167
Avery Label, A Wholly Owned Subsidiary of Avery International
Corporation
1385 Livingston Avenue
P.O. Box CN
North Brunswick, N.J. 08902, for
" Sudden Accidental Occurrence"

ONE OF THE
FIREMAN'S FUND INSURANCE COMPANIES
AS NAMED IN THE POLICY

Myron A. Bain
PRESIDENT 10-X

COUNTERSIGNATURE OF AUTHORIZED AGENT

Page 2 of 3

HAZARDOUS WASTE FACILITY LIABILITY ENDORSEMENT- continued

INSURED	POLICY NUMBER
AVERY INTERNATIONAL CORPORATION, ETAL	4-75 LA 280 33 31
PRODUCER	EFFECTIVE DATE
GERALD J. SULLIVAN & ASSOCIATES INC.	7-15-82

The limits of liability are \$500,000. CSL. each occurrence and \$500,000. CSL annual aggregate exclusive of legal defense costs.

2. The insurance afforded with respect to such occurrence is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (e) of this Paragraph 2 are hereby amended to conform with subsections (a) through (e):
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40CFR 264.147(f) or 265.147(f).
 - (c) Whenever requested by a Regional Administrator of the U.S. Protection Agency (EPA), the Insurer agrees to furnish a signed duplicate original of the policy and all endorsements.
 - (d) Cancellation of this endorsement, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator of the EPA region in which the facility is located.
 - (e) Any other termination of this endorsement will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator of the EPA Region in which the facility is located.

Attached to and forming part of Policy No. 4-75 LA 280 33 31 issued by the American Insurance Company, herein called the Insurer, of 3223 W. 6th Street, Los Angeles, California 90010 to Avery International Corporation of Pasadena, California this 1st day of July, 1982. The effective date of said policy is the 1st day of December, 1981.

Signature

Robert B. Johnston

Robert B. Johnston,
Manager of National Accounts Dept. of
The American Insurance Company
3223 W. 6th Street
Los Angeles, Ca 90010

ONE OF THE FIREMAN'S FUND INSURANCE COMPANIES AS NAMED IN THE POLICY	<i>Myron Du Bain</i> PRESIDENT 10-X	COUNTERSIGNATURE OF AUTHORIZED AGENT
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This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE
MANUFACTURERS AND CONTRACTORS LIABILITY INSURANCE
OWNERS, LANDLORDS AND TENANTS LIABILITY INSURANCE
SMP LIABILITY INSURANCE

HAZARDOUS WASTE FACILITIES — AMENDATORY PROVISIONS
(GL 04 20)

INSURED	AVERY INTERNATIONAL CORPORATION, ETAL	POLICY NUMBER	4-75 LA 280 33 31
PRODUCER	GERALD J. SULLIVAN & ASSOCIATES INC.	EFFECTIVE DATE	7-15-82

SCHEDULE

Name of Facility	Address of Location	EPA Identification Number
PER SCHEDULE ATTACHED	PER SCHEDULE ATTACHED	PER SCHEDULE ATTACHED

Limits of Liability

\$ 500,000 aggregate
\$ C S L each occurrence

It is agreed that the following additional provisions apply with respect to a Hazardous Waste Treatment, Storage, or Disposal Facility subject to the financial responsibility requirements of 40 CFR Part 264.147 or 265.147 (Environmental Protection Agency Regulations); provided that the name, address or location, and EPA Identification Number of such facility are shown in the Schedule above.

1. The following provisions apply, in place of the limits of liability provisions shown elsewhere in this policy, to the Company's liability for damages because of bodily injury or property damage arising out of a sudden and accidental discharge, dispersal, release or escape of irritants, contaminants or pollutants from any facility shown in the Schedule of this endorsement.

Regardless of the number of: (1) facilities shown in the Schedule of this endorsement; (2) insureds under this policy; (3) persons or organizations which sustain bodily injury or property damage; or (4) claims made or suits brought:

(a) the total liability of the Company for all damages because of all bodily injury and all property damage shall not exceed the limit of liability shown in the Schedule of this endorsement as "aggregate;"

(b) subject to (a), the total liability of the Company for all damages because of all bodily injury and all property damage arising out of a single occurrence shall not exceed the limit of liability shown in the Schedule of this endorsement as "each occurrence."

For the purpose of determining the limit of the Company's liability, all bodily injury and property damage arising out of a sudden and accidental discharge, dispersal, release or escape of irritants, contaminants or pollutants, including all bodily injury and property damage arising out of all subsequent exposure of persons and property to such substances, shall be considered as arising out of a single occurrence.

2. The Company shall pay any applicable deductible amount and, upon notification of such payment, the named insured shall promptly reimburse the Company for the amount so paid. This provisions does not apply with respect to that amount of any deductible for which financial responsibility is demonstrated as specified in 40 CFR 264.147 (f) or 265.147 (f).

3. Neither the Company nor the Insured may terminate the insurance provided herein for any facility except by providing written notice to the other party and the Regional Administrator(s) of the EPA Region(s) in which such facility(ies) is (are) located. Termination by cancellation shall be effective no fewer than sixty (60) days after such written notice is received by the Regional Administrator; other termination shall be effective no fewer than thirty (30) days after receipt of such notice.

ONE OF THE
FIREMAN'S FUND INSURANCE COMPANIES
AS NAMED IN THE POLICY

Myron Du Bain
PRESIDENT 10-X

COUNTERSIGNATURE OF AUTHORIZED AGENT

Alexander & Alexander of California Inc.
3550 Wilshire Boulevard
Los Angeles, California 90010
Telephone 213 385-5211
TWX 910-321-2907

**Alexander
& Alexander**

November 29, 1983

Environmental Protection Agency
Anthony Donatoni
Hazardous Materials Branch
6th & Walnut Streets
Philadelphia, Pennsylvania 19106
Attn: RCRA Financial Requirements

Handwritten signature: Harold S. Bell

**Certificate of Insurance
Avery International Corporation
Policy No.: 775 KLA 321 3845**

Dear Sir:

We are pleased to enclose a renewal certificate for the captioned policy, for the policy year December 1, 1983 to December 1, 1984.

If you have any questions, please call.

Sincerely,

Handwritten signature: Janai D. Baldovinos
Janai D. Baldovinos

JDB:md

Enclosure

cc: Mev Steele
Risk Information Coordinator
AVERY INTERNATIONAL CORPORATION

RECEIVED
Facilities Management Section

DEC 2 1983

U.S. EPA, Region II



Certificate of Insurance

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NAME AND ADDRESS OF AGENCY

Alexander & Alexander of Calif., Inc.
3550 Wilshire Blvd.
Los Angeles, CA 90010
TEL: (213) 385-5211 TWX 910-321-2907

COMPANIES AFFORDING COVERAGES

COMPANY LETTER **A** THE AMERICAN INSURANCE CO.

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

NAME AND ADDRESS OF INSURED

Avery International
150 North Orange Grove Boulevard
Pasadena, California 91103
Attn: Mev Steele

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	775 KLA 3213845	12-01-84	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM			PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES-OPERATIONS					
	<input checked="" type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD					
	<input checked="" type="checkbox"/> UNDERGROUND HAZARD					
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<input checked="" type="checkbox"/> CONTRACTUAL INSURANCE					
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE					
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS					
	<input checked="" type="checkbox"/> PERSONAL INJURY			PERSONAL INJURY		\$
	AUTOMOBILE LIABILITY			BODILY INJURY (EACH PERSON)	\$	
	<input type="checkbox"/> COMPREHENSIVE FORM			BODILY INJURY (EACH OCCURRENCE)	\$	
	<input type="checkbox"/> OWNED			PROPERTY DAMAGE	\$	
	<input type="checkbox"/> HIRED			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	<input type="checkbox"/> NON-OWNED					
	EXCESS LIABILITY			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY			STATUTORY		
					\$	(EACH ACCIDENT)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:

Environmental Protection Agency
Anthony Donatoni
Hazardous Materials Branch
6th & Walnut Streets
Philadelphia, Pennsylvania 19106
Attn: RCRA Financial Requirements

DATE ISSUED: November 29, 1983


AUTHORIZED REPRESENTATIVE

Janet A. Nelsen, AVP



Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.
THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

NAME AND ADDRESS OF AGENCY

JAMES-FRED S. JAMES & CO OF CALIF.
3435 WILSHIRE BOULEVARD
LOS ANGELES, CA 90010
TELEPHONE (213) 385-0545
ATTN: MARGIE ROUSH

COMPANIES AFFORDING COVERAGES

COMPANY LETTER **A** **AMERICAN INSURANCE COMPANY**

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

NAME AND ADDRESS OF INSURED

AVERY INTERNATIONAL AND ITS
DIVISIONS AND SUBSIDIARIES
CORP HDQRS: 150 N. ORANGE GROVE BLVD.
PASADENA, CA. 91103
ATTN: MEV STEELE

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms exclusions and conditions of such policies.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	LIMITS OF LIABILITY IN THOUSANDS (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	KLA3213760	12/01/87	BODILY INJURY	\$	
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM			PROPERTY DAMAGE	\$	
	<input checked="" type="checkbox"/> PREMISES—OPERATIONS					
	<input checked="" type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD					
	<input checked="" type="checkbox"/> UNDERGROUND HAZARD					
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD					
	<input checked="" type="checkbox"/> CONTRACTUAL INSURANCE			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$500,	\$500,
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE					
	<input checked="" type="checkbox"/> INDEP. CONTRACTORS					
	<input checked="" type="checkbox"/> PERSONAL INJURY					
				PERSONAL INJURY		\$500,
	AUTOMOBILE LIABILITY			BODILY INJURY (EACH PERSON)	\$	
	<input type="checkbox"/> COMPREHENSIVE FORM			BODILY INJURY (EACH ACCIDENT)	\$	
	<input type="checkbox"/> OWNED			PROPERTY DAMAGE	\$	
	<input type="checkbox"/> HIRED			BODILY INJURY AND PROPERTY DAMAGE COMBINED		
	<input type="checkbox"/> NON-OWNED					
	EXCESS LIABILITY			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY			STATUTORY		
	OTHER				\$	(EACH ACCIDENT)

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

(ATTN: RCRA FINANCIAL REQUIREMENTS)

NAME AND ADDRESS OF CERTIFICATE HOLDER

ENVIRONMENTAL PROTECTION AGENCY
ANTHONY DONATONI
HAZARDOUS MATERIALS BRANCH
6TH & WALNUT STREET
PHILADELPHIA, PENNSYLVANIA 19106

FRED S. JAMES & CO.
OF CALIFORNIA

DATE ISSUED: 12/11/84 (MJR)

BY Fred S. James
AUTHORIZED REPRESENTATIVE



FRED.S.JAMES&CO.OF CALIFORNIA 3435 Wilshire Boulevard, Los Angeles, California 90010 213 385-0545 Telex 677353

December 10, 1984

CERTIFICATE OF INSURANCE
AVERY INTERNATIONAL CORPORATION

TO WHOM IT MAY CONCERN:

Enclosed is an updated Certificate of Insurance evidencing renewal insurance coverage on behalf of our client, Avery International.

Please note that this certificate replaces and supercedes the one you currently possess.

Please write or call if you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Marjorie".

Marjorie J. Roush
Account Coordinator

MJR:mjr
encl.

cc: Mev Steele
Avery International



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

1/2/86

PRODUCER

FRED. S. JAMES & CO OF CA
3435 WILSHIRE BOULEVARD
LOS ANGELES, CA 90010
213-385-0545
ATTN: RITA SPARKS

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	AMERICAN INSURANCE COMPANY
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

AVERY INTERNATIONAL AND ITS
DIVISIONS & SUBSIDIARIES
CORP HDQRS: 150 N ORANGE GROVE BLVD
PASADENA, CA 91103
ATTN: LAURA HINCKLEY

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	KLA3213778	12/01/85	12/01/86	BODILY INJURY	\$	\$
	XX COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	XX PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$ 1,000	\$ 1,000
	XX PRODUCTS/COMPLETED OPERATIONS				PERSONAL INJURY		\$ 1,000
	XX CONTRACTUAL						
	XX INDEPENDENT CONTRACTORS						
	XX BROAD FORM PROPERTY DAMAGE						
	XX PERSONAL INJURY						
					(THIS CERTIFICATE FOR		
	AUTOMOBILE LIABILITY	POLICY KLA3213778 REPLACES THE CERTIFICATE FOR KLA3213760 CURRENTLY ON FILE WITH YOUR COMPANY)			BODILY INJURY (PER PERSON)	\$	
	ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$	
	HIRED AUTOS						
	NON-OWNED AUTOS						
	GARAGE LIABILITY						
	EXCESS LIABILITY				BI & PD COMBINED	\$	\$
	UMBRELLA FORM						
	OTHER THAN UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
					\$	(EACH ACCIDENT)	
					\$	(DISEASE-POLICY LIMIT)	
					\$	(DISEASE-EACH EMPLOYEE)	
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

ENVIRONMENTAL PROTECTION AGENCY
ANTHONY DONATONI
HAZARDOUS MATERIALS BRANCH
6TH & WALNUT STREET
PHILADELPHIA, PA 19106

30-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



FRED.S.JAMES&CO.OF CALIFORNIA 3435 Wilshire Boulevard, Los Angeles, California 90010 213 385-0545 Telex 677353

TO CERTIFICATE HOLDER:

The enclosed Certificate of Insurance for Avery International under policy KLA 3213778 replaces the certificate of insurance for policy KLA 3213760 currently on file with your company.

Please discard the old certificate.

If you have any questions regarding the enclosure, please let us know.

Sincerely,

A handwritten signature in cursive script that reads "Rita Sparks".

Rita Sparks
Account Coordinator

/rs

enclosure

cc: L. Hinckley

Schremp



**FIREMAN'S FUND
INSURANCE COMPANIES**

January 28, 1986

National Accounts
Los Angeles Regional Office
3223 West 6th Street
P.O. Box 2323
Los Angeles, California 90051
Telephone (213) 387-5566

Mr. Anthony Donatoni
Environmental Protection Agency
Hazardous Materials Branch
6th and Walnut Street
Philadelphia, PA. 19106

Thomas N. Scabaretti
Regional Director

RE: Avery International Corporation

Dear Mr. Donatoni:

On file with your office is a Certificate of Insurance for policy KLA 3213760 for our American Insurance Company. The policy indicated on the Certification of Insurance was issued with an incorrect expiration date of December 1, 1987. The correct expiration date was December 1, 1985.

Effective December 1, 1985, coverage was renewed under policy KLA 3213778 with Pollution Exclusion form GL 2133 0285. A copy of this endorsement along with a new Certificate of Insurance is provided.

Should you have any questions, please contact Katie Sasaki, Executive Underwriter Fireman's Fund National Accounts, 777 San Marin Drive, Novato California 94998.

Sincerely,

Stephanie Fullerton

Stephanie Fullerton
Underwriter
National Accounts
Fireman's Fund Insurance Company
SF/CGL/648-41

cc: Fred S. James & Co.

Encl.



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

1/2/86

PRODUCER

FRED. S. JAMES & CO OF CA
3435 WILSHIRE BOULEVARD
LOS ANGELES, CA 90010
213-385-0545
ATTN: RITA SPARKS

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COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** AMERICAN INSURANCE COMPANY

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

AVERY INTERNATIONAL AND ITS
DIVISIONS & SUBSIDIARIES
CORP HDQRS: 150 N ORANGE GROVE BLVD
PASADENA, CA 91103
ATTN: LAURA HINCKLEY

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	KLAS213778	12/01/85	12/01/86	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS				BI & PD COMBINED	\$ 1,000	\$ 1,000
	<input checked="" type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PERSONAL INJURY	\$ 1,000	\$ 1,000
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS						
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE							
<input checked="" type="checkbox"/> PERSONAL INJURY							
		(THIS CERTIFICATE FOR					
	AUTOMOBILE LIABILITY	POLICY KLAS213778 REPLACES THE CERTIFICATE FOR KLAS213760 CURRENTLY ON FILE WITH YOUR COMPANY)			BODILY INJURY (PER PERSON)	\$	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> GARAGE LIABILITY						
	EXCESS LIABILITY				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
<input type="checkbox"/> OTHER THAN UMBRELLA FORM							
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
					<input type="checkbox"/>	\$	(EACH ACCIDENT)
					<input type="checkbox"/>	\$	(DISEASE-POLICY LIMIT)
					<input type="checkbox"/>	\$	(DISEASE-EACH EMPLOYEE)
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

"POLLUTION EXCLUSION, FORM GL2133 IS ATTACHED."

CERTIFICATE HOLDER

ENVIRONMENTAL PROTECTION AGENCY
ANTHONY DONATONI
HAZARDOUS MATERIALS BRANCH
5TH & WALNUT STREET
PHILADELPHIA, PA 19106

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

COMMERCIAL COVERAGE**GENERAL LIABILITY****Pollution Exclusion****POLICY AMENDMENT**

GL 21 33 02 85

KLA 321 37 78 AVERY INTERNATIONAL CORP., ETAL**EPF 12/1/85**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE
CONTRACTUAL LIABILITY INSURANCE
MANUFACTURERS AND CONTRACTORS LIABILITY INSURANCE
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY INSURANCE
OWNERS, LANDLORDS AND TENANTS LIABILITY INSURANCE
SMP LIABILITY INSURANCE
STOREKEEPERS INSURANCE**

It is agreed that the exclusion relating to the discharge, dispersal, release or escape of smoke, vapors, soot, fumes, acids, alkalis, toxic chemicals, liquids or gases, waste materials or other irritants, contaminants or pollutants is replaced by the following:

(1) to **bodily injury** or **property damage** arising out of the actual, alleged or threatened discharge, dispersal, release or escape of pollutants:

(a) at or from premises owned, rented or occupied by the **named insured**;

(b) at or from any site or location used by or for the **named insured** or others for the handling, storage, disposal, processing or treatment of waste;

(c) which are at any time transported, handled, stored, treated, disposed of, or processed as waste by or for the **named insured** or any person or organization for whom the **named insured** may be legally responsible; or

(d) at or from any site or location on which the **named insured** or any contractors or subcontractors working directly or indirectly on behalf of the **named insured** are performing operations:

(i) if the pollutants are brought on or to the site or location in connection with such operations; or

(ii) if the operations are to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize the pollutants.

(2) to any loss, cost or expense arising out of any governmental direction or request that the **named insured** test for, monitor, clean up, remove, contain, treat, detoxify or neutralize pollutants.

Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

AGENT: FRED S. JAMES & CO.**ACCEPTED BY:**_____
Signature of Insured

This Form must be attached to Change Endorsement when issued after the Policy is written.

ONE OF THE FIREMAN'S FUND INSURANCE COMPANIES AS NAMED IN THE POLICY

END.#12*William H. Delaney*

PRESIDENT

11 XCL

STOCK NO. GL 21 33 02 85